FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080305 (4)**

1. Corporation Name
AUTO RECOVERY OF FT. PIERCE INC.

Principal Place of Business	Mailing Address
831-A EDWARDS RD FT PIERCE FL 34982	831-A EDWARDS RD FT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: County — 25:
Zip — 29: County — 30:

4. FEI Number: 59-3210311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOMLINSON, DONNA
831-A EDWARDS RD
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: SANDRA G. McCOY
82 Street Address (P.O. Box Number is Not Acceptable): 2649 ELECTRONICS WAY
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sandra G. McCoy
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	TOMLINSON, DONNA	1.2 NAME	McCOY, MICHAEL	
STREET ADDRESS	1801 18TH WAY	1.3 STREET ADDRESS	11319 41st STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FLORIDA 33411	
TITLE	VD	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MCCOY, MICHAEL	2.2 NAME	MARTIN, TIMOTHY	
STREET ADDRESS	11319 41ST CT N	2.3 STREET ADDRESS	3357 FLEMING AVENUE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	2.4 CITY-ST-ZIP	GREEN ACRES, FLORIDA 33463	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TIMOTHY MARTIN 4/19/95 (407)820-9737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR7H77 CR